

Operator Address and/or Employment Change Form

Certificate Number(s) (LIST ALL):

Drinking Water Treatment _____ Distribution _____ Wastewater Treatment _____

Address Change ☐ or **Facility Change:** Add facility ☐ Delete Facility ☐

Agency Interest # (see wallet card): _____ Social Security # (optional): _____

Name: _____
(last) (first) (middle initial)New or Current Home Address: _____
(street, city, state, and zip code)

Phone: HOME () WORK ()

IDENTIFY BELOW FACILITIES FOR WHICH YOU RECENTLY ASSUMED OR RELINQUISHED RESPONSIBILITY.
THIS INFORMATION MUST BE SUBMITTED WITHIN 30 DAYS OF THE CHANGE.

Facility Name	KPDES/PWSID #	Effective Date

Signature: _____ Date: _____

Mail to: Division of Compliance Assistance, Operator Certification Program, 14 Reilly Road, Frankfort, Kentucky 40601.

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